

(b) if so, whether Government were proposing to evolve an integrated approach; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) to (c) With view to achieve Health for All, Government has mobilized substantial resources from bilateral/multilateral agencies for intensifying the implementation of National Programmes, namely, the Control of HIV/AIDS, Malaria, TB, Leprosy, Blindness and Promotion of Reproductive and Child Health. Besides, for improving the delivery of services to the poor, assistance has been mobilized to strengthen health infrastructure in some of the selected states in the country. In implementing these programmes care is taken to ensure that there is no duplication and programmes are implemented in a coordinated manner.

Cities Prone to Malaria

1455. SHRI ANANTA SETHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of cities in the country are prone to malaria;

(b) whether Government have identified the cities which are prone to malaria;

(c) if so, the details thereof; and

(d) the steps taken to eradicate malaria in those cities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) to (d) Yes, Sir. 181 towns/cities are being covered under the Urban Malaria Scheme of National Anti Malaria Programme. Out of these, 19 towns/cities have been identified for being provided with additional inputs under the Enhanced Malaria Control Project with World Bank support for effective implementation of the scheme.

The steps taken for Malaria control under the Urban Malaria Scheme include:—

- (i) Recurrent anti-larval measures at weekly intervals with appropriate larvicides.
- (ii) Identification of mosquito breeding sites and control of vectors through Bio-environmental and source reduction methods.
- (iii) Space spraying with Pyrethrum Extract in 50 houses around the house where a Malaria positive case has been detected.
- (iv) Case detection and prompt treatment through hospitals, clinics, dispensaries etc.
- (v) Intensification of Information Education & Communication (IEC) activities to create public awareness on how to prevent mosquitogenic conditions and Malaria.

Additional charge to adviser (ISM&H)

1456. SHRI GOPALSINH G. SOLANKI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 5079, given in the Rajya Sabha on 12th May, 2000 and state:

(a) when the Adviser ISM&H took the additional charge of Medical Superintendent, Ayurvedic Hospital, New Delhi, in addition to his present charge;

(b) whether it is a fact that the said adviser never visited the Hospital since taking charge of MS; and

(c) whether Government have prescribed any period in respect of his availability for the purpose, keeping in view his dual charge?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]:
(a) to (c) The Adviser (Ayurveda) took the additional charge of the post of Medical Superintendent, Ayurvedic Hospital, New Delhi w.e.f. 1st May, 2000 for the purpose of supervising day-to-day working of the hospital and is available there upto 10.00 A.M. daily. Further, he is attending the patients of ano-rectal disorders every Tuesday upto 11.00 A.M.